

MIOCR MATTERS

A quarterly update on the *Mentally Ill Offender Crime Reduction Grant Program*



Corrections Standards Authority

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Several Projects Are Underway. . .

The MIOCR projects in 20 counties have already begun enrolling participants – an impressive achievement considering it typically takes counties four to nine months to get grant-funded projects up and running. As of the end of May, over 135 adult mentally ill offenders are participating in projects implemented in Butte, El Dorado, Humboldt, Los Angeles, Marin, Monterey, San Bernardino, San Francisco, Stanislaus, Trinity, Tuolumne, Ventura, and Yolo Counties. In addition, 7 counties – Humboldt, Marin, Sacramento, San Joaquin, Santa Cruz, Solano and Ventura – have begun enrolling juvenile offenders with mental illness into the MIOCR projects (a total of 44 participants through May).

The MIOCR grants awarded by the Corrections Standards Authority (CSA) began on January 1, 2007. As has been the case with other grant programs administered by the CSA, one of the most time-consuming start-up activities for counties is the recruitment and hiring of staff for the project (e.g., deputy sheriff or juvenile corrections officers, deputy probation officers, psychiatrists and other mental health professionals, social workers, administrative staff, etc.). County employment practices and limited pool of candidates (particularly in the mental health field) often prolong the process of bringing essential staff on board. Training staff in evidence-based practices – for example, Functional Family Therapy for juvenile offenders – also takes time. In addition, for some counties, it takes considerable time to secure a suitable program site or office space, subcontract with community-based service providers, and identify and screen potential participants to determine if they meet the project's eligibility criteria.



Spotlight on Sierra County's MEND Project . . .

The Multiple Agency Effort and Needs-Based Diversion (MEND) project addresses serious gaps in the availability of in-county services for juvenile mentally ill offenders in Sierra County, which does not have a juvenile detention facility and lacks available slots in foster homes, group homes and other residential treatment services. Through the MEND program, the county is providing mental health screening services for all youth who become involved with the juvenile justice system and significantly expanding the availability of case management and community-based services for offenders with mental illness.

When the District Attorney files a petition in juvenile court, the youth and family meet with the project's Probation Officer, who conducts an intake interview that includes a mental health screening using the evidence-based Massachusetts Youth Screening Instrument, Version Two (MAYSI-2) and a risk assessment using the Washington State Juvenile Court Pre-Screen Assessment. Youth identified as having mental health issues are referred to a licensed clinician for a full assessment. Youth accepted into the MEND program, which began enrolling clients in June, receive services anchored in the wraparound model, which is a strengths-based and family focused approach to providing comprehensive community-based services to youth with complex needs – e.g., mental health treatment, pharmacological interventions, family therapy and parent training, and educational services.

Research indicates that the wraparound approach implemented by Sierra County is effective in reducing recidivism among youth with mental health issues who are involved in the juvenile justice system. Results of a study of Clark County, Washington's Connections Program, for example, found that youth in this program were significantly less likely to recidivate at all, less likely to recidivate with a felony offense, and served less detention time" than their peers in a control group (Crime and Delinquency, August 2006).

"This is the first time we have had an integrated mental health program for juvenile justice offenders in Sierra County," said Chief Probation Officer Janine Niccoli. "MEND will allow us to provide reunification and preservation services to keep these youth in the community and prevent their entry into the child welfare system," added Carol Roberts, Director of Human Services.



Spotlight on San Bernardino County's Mental Health Court Expansion Project . . .

San Bernardino County's project targeting adult offenders enhances and expands the mental health court system of care in the nation's largest geographic county. With MIOCR funding, the county has opened two new mental health courts and expanded existing service to the two other established courts. To address an identified need for identifying, referring, and processing offenders to the appropriate court, the project includes a Sheriff's Deputy to help with this gap in service. Deputy Kimberly Van Genderen, who has seven years of experience in corrections, almost exclusively in the mental health setting, was selected to fill this coordinator position.

Deputy Van Genderen immediately stepped up to the challenge and worked with her supervisors and the mental health staff to develop her role to best benefit the client, the department and the project's partners throughout the county. Once an inmate is booked into the jail, anyone with a mental health referral is evaluated by her to determine past criminal history. This review helps the treatment team to decide if an individual is appropriate for placement in the Supervised Treatment After Release (STAR) program. Inmates with histories of violence are automatically excluded. Everyone else is further evaluated to determine the facts associated with the current charges and if the inmate meets the criminal criteria for inclusion. Once that is done, the STAR clinician conducts a full mental health assessment.

When Deputy Van Genderen and the clinician agree that an individual is an appropriate candidate, a referral is sent to the attorney representing the client and District Attorney's office for their approval. Upon their agreement, the case is forwarded to the Mental Health Court in the jurisdiction where the inmate will be monitored.

The STAR Program

Post-custody services provided to clients enrolled in the STAR program are anchored in the following evidence-based practices:

- Forensic intensive case management (wraparound services provided on a 24/7 basis by clinical staff, case managers and probation officers dedicated solely to supervising mental health court clients);
- Supported housing (residential drug and alcohol beds for offenders with a co-occurring mental illness and substance abuse disorder, board and care, supervised sober living and other options);
- Integrated mental health and substance abuse treatment (provided by certified clinical staff); and
- New generation psychotropic medications (given upon release from custody to participants with psychotic and/or major mood disorders until entitlement funding can be secured).

In addition to the initial processing of referrals, Deputy Van Genderen works closely with the clients while they remain in custody, helping them to understand the Mental Health Court expectations and the STAR program. She ensures that each client is prepared for the courtroom experience and arrives as scheduled. Since most of the clients are released directly from the courtroom to placement, she also ensures that the inmate's property and other necessary paperwork go with him or her.

Prior to the calendared hearing, the treatment team meets in chambers with the judge and attorneys to discuss the clients' cases. Deputy Van Genderen participates in this case conferencing, which is critical to a successful transition from custody to placement. She describes herself as "the eyes and ears of the court" and her insight into the clients' expectations, concerns, and behavior helps the team develop an individualized treatment plan and terms and conditions of probation. Her familiar presence in the courtroom helps the inmate through this often stressful experience, and many times she has been able to calm an

agitated client waiting to go before the judge. Most importantly, through her tireless efforts, Deputy Van Genderen has helped many clients move toward treatment and recovery for the first time in their lives.

RAND Releases Study on Mental Health Court Costs

The RAND Corporation recently conducted a fiscal impact study of the Allegheny County Mental Health Court (MHC). The study identified the treatment, criminal justice, and cash assistance costs for the MHC participants, compared those costs with the costs of routine adjudication and processing, and calculated the fiscal impact of the MHC program. The findings suggest that the MHC program may help decrease total taxpayer costs over time due to a dramatic decrease in jail costs compared to treatment costs. In addition, to the extent that MHC participation is associated with reductions in criminal recidivism and utilization of the most expensive sorts of mental health treatment (i.e., hospitalization), the study suggests that the MHC program may actually result in net savings to government. The full study is available at http://www.rand.org/pubs/technical_reports/TR439/.

CiMH Launches MIOCR Training Partnership. . .

In April, the California Institute for Mental Health (CiMH) kicked off its partnership with the MIOCR grantees – a partnership made possible through funds from the Department of Mental Health – by conducting an Overview & Implementation Planning (OIP) session in Glendale with counties that have anchored their projects in Functional Family Therapy (FFT). Probation, mental health and other staff involved in seven MIOCR projects participated in the training opportunity. In the FFT model, teams of therapists employ specific techniques to engage and motivate youth and their families, help them develop skills for changing problem behaviors, and increase their capacity to utilize community resources and engage in relapse prevention.

CiMH also conducted an OIP session on the Teaching Pro-Social Skills model, which incorporates Aggression Replacement Training (ART). Staff involved in seven juvenile projects attended the May 15 meeting in Sacramento. Considered a promising practice, ART involves co-facilitated group sessions that focus on pro-social skills, anger control, and moral reasoning.

Projects interested in becoming proficient in FFT and/or ART – a process that typically takes a year – will receive clinical training, site-specific planning, administrative support and peer-to-peer assistance through the Development Team model used by CiMH. This rigorous, nationally certified training will be provided at a substantially reduced cost for counties.

CiMH is also slated to provide a training session on Cognitive Behavioral Therapy in August and is currently considering the possibility of conducting a one-day OIP session on Assertive Community Treatment that would include information on best practices and highlights of successful models. Both of these sessions are geared for projects serving adult offenders with mental illness.

Intensive Family Therapies Work

Fight Crime: Invest in Kids *California* recently issued a report highlighting the effectiveness of FFT and other intensive family therapies in reducing recidivism among youth with mental health problems who are involved in the juvenile justice system. In one randomized study, for example, FFT cut re-arrests in half (26% for FFT participants vs. 50% for the control group). In another study, FFT reduced out-of-home placements by 72% compared to 18% for the control group.

The report also underscores the cost effectiveness of intensive family therapies, stating: "Every dollar invested in intensive family therapies saves the public as much as \$14 and produces net savings of \$18,000 to over \$75,000 for each juvenile offender served. If California provided these interventions to all eligible youths, it could **save taxpayers and crime victims over \$700 million.**"

Fight Crime: Invest in Kids *California* is a non-profit, bipartisan organization that promotes public investments in programs proven to keep kids from becoming involved in crime.

The Future of the MIOCR Grant Program . . .

At the time this bulletin was published, negotiations on the state budget were still underway and CSA staff had no definitive information on the status of current or future funding for the MIOCR grant program. Although the Budget Conference Committee eliminated the MIOCR funds included in the Governor's May Revise proposal, the State's Sheriffs and Chief Probation Officers as well as numerous mental health advocates continued their lobbying efforts.

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